



EPA ID: | | | | | | | | | | | | | | |

<b>9. Legal Owner (Continued Address)</b>	<b>Street or P.O. Box:</b>	
	<b>City, Town, or Village:</b>	
	<b>State:</b>	<b>Zip Code:</b>
	<b>Country:</b>	

**10. Type of Regulated Waste Activity**  
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 10 to 14.)

<p><b>A. Hazardous Waste Activities</b> Complete all parts for 1 through 6.</p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste</b> If "Yes", choose only one of the following –a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs/mo) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b1. KSG sub-class 1: 100 to 1,000 kg/mo (220-2,200 lbs/mo) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b2. KSG sub-class 2: 25 to less than 100 kg/mo (55-220 lbs/mo) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. KSSQG: Less than 25 kg/mo (55lbs/mo) of non-acute hazardous waste</p> <p><b>In addition, indicate other generator activities.</b></p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> d.</b> United States Importer of Hazardous Waste</p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> e.</b> Mixed Waste (hazardous and radioactive) Generator</p>	<p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 2. Transporter of Hazardous Waste</b></p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site)</b> Note: A hazardous waste permit is required for this activity.</p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</b> Note: A permit may be required</p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 5. Exempt Boiler and/or industrial Furnace</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 6. Underground Injection Control</b></p>														
<p><b>B. Universal Waste Activities</b></p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 1. Large Quantity Handler of Universal Waste</b> (accumulate 5,000 kg or more) [refer to Kansas regulations to determine what is regulated]. Indicate types of universal waste managed at your site. Mark all boxes that apply:</p> <table border="0"><thead><tr><th></th><th><u>Manage</u></th></tr></thead><tbody><tr><td>a. Batteries</td><td><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td><input type="checkbox"/></td></tr><tr><td>c. Mercury containing equipment</td><td><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td><input type="checkbox"/></td></tr></tbody></table> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 2. Destination Facility for Universal Waste</b></p> <p>Note: A hazardous waste permit may be required for this activity.</p>		<u>Manage</u>	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Mercury containing equipment	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	<p><b>C. Used Oil Activities</b> Mark all boxes that apply.</p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 1. Used Oil Transporter</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 3. Off-Specification Used Oil Burner</b></p> <p><b>Y <input type="checkbox"/> N <input type="checkbox"/> 4. Used Oil Fuel Marketer</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
	<u>Manage</u>														
a. Batteries	<input type="checkbox"/>														
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**EPA ID:** |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

### 11. Description of Hazardous Wastes (See instructions on page 14.)

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


## 12. Comments (See instructions on page 14.)

[illegible]

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information, submitted is, to be the best of my knowledge and belief, true accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **(See instructions on page 14.)**

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)